



Indiana Department of Environmental Management  
Office of Water Quality  
Section 401 Water Quality Certification Program

Regional General Permit - IDEM Notification Form (Revised January 1, 2002)			
FOR IDEM USE ONLY		Date Rec'd	IDEM ID:
<b>1. Applicant Information</b>			
Applicant:		Agent:	
Contact person:		Contact person:	
Address:		Address:	
Phone:		Phone:	
<b>2. Project Location</b>			
County:		Nearest Town:	
Quad:	Township:	Range:	Section:
Latitude:	Road Directions:		
Longitude:			
<b>3. Existing Conditions</b>			
Wetlands: YES / NO		Acreage onsite:	
Wetland type: Emergent / Scrub-shrub / Forested		Circle all that apply	
Stream: YES / NO		Stream name:	
Open water: YES / NO		Open water type:	
<b>4. Project Impacts</b>			
Activity description:			
Purpose of project:			
Acres of wetland impact - Emergent:		Scrub/shrub:	Forested:
Linear feet of stream impact:		Acres of open water impact:	
Area of riprap below the Ordinary High Water Mark:			



**Indiana Department of Environmental Management**  
**Office of Water Quality**  
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**Signature of Applicant - Statement of Affirmation**

I certify that I am familiar with the information contained in this notification and, to the best of my knowledge and belief, such information is true and accurate. I certify that I have the authority to undertake and will undertake the activities as described in this notification. I am aware that there are penalties for submitting false information. I understand that any changes in project design subsequent to IDEM's granting of authorization to discharge to a water of the state are not authorized and I may be subject to civil and criminal penalties for proceeding without proper authorization. I agree to allow representatives of the IDEM to enter and inspect the project site. I understand that the granting of other permits by local, state, or federal agencies does not release me from the requirement of obtaining the authorization requested herein before commencing the project.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Submit this form and a copy of the USGS Quadrangle map showing the location of the project clearly denoted on the map to:

**Indiana Department of Environmental Management**  
**Office of Water Quality**  
**Section 401 Water Quality Certification Program**  
**P.O. Box 6015**  
**Indianapolis, Indiana 46206-6015**

***Please note:***

1. IDEM will review this form for completeness and accuracy. You will be contacted within 10 working days of the receipt of this form only if problems are identified. IDEM may require additional information to verify that the project meets all conditions of the Regional General Permit and the Section 401 WQC. If you are not contacted by IDEM within 10 working days of the receipt of this form by IDEM, your project is thereby authorized, subject to the terms and conditions of the Section 401 Water Quality Certification and its conditions. You will not receive a written confirmation of authorization.
2. Read all the terms and conditions of this regional general permit, including all U.S. Army Corps of Engineers and Indiana Department of Environmental Management conditions. Do not submit this form or commence work on the proposed project until you understand and are familiar with the limitations and restrictions of this regional general permit.